



PUBLIC PROTECTION CABINET  
DEPARTMENT OF HOUSING, BUILDING & CONSTRUCTION  
DIVISION OF PLUMBING  
101 SEA HERO ROAD, SUITE 100  
FRANKFORT, KENTUCKY 40601-5405  
Tel: 502-573-0397 Fax: 502-573-1058



## Application for Approval as a Plumbing Continuing Education Provider

### FOR OFFICE USE ONLY

Reviewed By:  
Date Provider Approved:  
Provider Number:

### APPLICATION INFORMATION

Name of Provider:	Daytime Phone Number:		
Street Address of Provider:	City:	State:	Zip Code:
Name of Provider Owner & Contact Person:	E-Mail Address:		

### TYPE of PROVIDER (CHECK PROVIDER TYPE BELOW)

- ☐ Trade Association
- ☐ Trade School, College, Technical School
- ☐ Continuing Education Company  
(Shall Provide One Course in Each Congressional District Quarterly)
- ☐ Plumbing Contracting Company with Full Time Education Program (Journeyman Only)  
(Verification Required)
- ☐ Plumbing Manufacturer or Distributor that Employs Full-Time Training Personnel  
(Verification Required)

### Submit the Following Information with Your Application (Please Attach)

- 1. Statement of Objectives:** Each provider shall have learning objectives, whether course is for Master Plumber or Journeyman Plumber or both, time to complete course, course name, course number and these shall be made known to potential enrollees in your advertisements. How are you going to meet this requirement?
- 2. Responsible Person(s) for Education:** Who within your organization will be developing and implementing your educational program?

<b>3. Maintenance of Records:</b>	It is required that providers maintain records for those who complete courses for a minimum of three (3) years. How do you propose to accomplish this?
<b>4. Fees:</b>	You are required to disclose the fee, if any, to be charged to participants? Please provide your enrollment fee, if any.
<b>5. Facilities &amp; Offerings:</b>	It is required that courses be administered in an environment conducive to learning and in all congressional districts and offered at least once a quarter. Where do you anticipate that you will be conducting courses and what are your proposed date offerings? You are required to provide location name and address of each venue and proposed course dates (30) thirty days in advance of first offering.
<b>6. Continuing Education Course Criteria:</b>	It is required that all courses define whether offering is for Master Plumbers, Journeyman Plumbers or both. Courses shall contain information beneficial in the day to day operation of plumbing business, job safety, KY State Plumbing Law and Code, and other content as it relates to the plumbing trade. Course approvals shall be valid for (2) two years from approval date from Office. Changes to course content shall require resubmission to the Office.
<b>7. Course Content Requirements defined:</b>	All courses shall contain information beneficial in the day to day operation of a plumbing business. Courses relating to business shall include one or more of the following: Business Law, Accounting Practices, or Insurance. Courses relating to job safety shall directly relate to the construction trade. Courses related to the KY State Plumbing Code shall include one or more of the following: KRS Chapter 318, Basic Principles, 815 KAR 20:010 through 815 KAR 20:195, KY Building Code or Kentucky Residential Code. Courses other than mentioned shall require documentation of relevancy to the plumbing trade.
<b>8. Program Evaluation:</b>	It is required that some sort of tool is available for course enrollees in which they can measure the quality and effectiveness of the course. How will you ensure course evaluation is adequate? If you have already created an evaluation form, please attach the form to this application.
<b>9. Course Completion Record:</b>	It is required that course enrollees who successfully complete the course are given some tangible record of their attendance and completion. Said certificate shall consist of name, address, plumbing license number(s), date of attendance and courses completed. Please attach a sample of this certificate to this application. It is further required that you retain a copy of certificate as well as electronically advise the Office of attendees course completions.
<b>10. Cancellations:</b>	It is required that cancellations from the provider shall be given no less than (5) five working days prior to scheduled classes. It is further required that you must either issue a full refund or reschedule the enrollees to the next available course. How will you advise enrollees of cancellations?
<b>11. Student Enrollments:</b>	It is required that no cancellations will be made when there are at least (10) ten enrollees. If there are less than (10) ten students enrolled, you are required to notify attendees of cancellation or reschedule no less than (5) five business days prior to scheduled class. You are further required to notify the Office of changes to scheduling (10) ten days prior to scheduled courses.
<b>12. Course Audits and Disciplinary Action:</b>	Records of Provider shall be provided to the Office within (10) ten business days upon written request. Representatives of Office may, at any time, attend a course to ensure adherence to objectives as outlined in agreement. Disciplinary action in the form of denial of Provider, suspension or revocation of approval to be a Provider may be issued along with possible fine to any course sponsor who attempts to obtain course approval fraudulently either by falsification of content or representation, who fails to provide complete and accurate information in either initial registration or in any notification of changes to such information, who falsely



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advertises a course as being approved by the Office before such approval is received, or who fails to comply with the requirements of this administrative regulation.

### APPLICATION AFFIRMATION

\_\_\_\_\_ (Initial) I am not in default of any student loans backed by the KHEAA (Kentucky Higher Education Assistance Authority). I understand that if I am in default of any student loans backed by the KHEAA, I cannot be registered as a provider at this time.

I hereby swear or affirm, under the penalties of perjury that the statements made on this application are true, complete and correct.

Signature of Applicant:

Date Signed:

### AUTHORIZATION FOR RELEASE OF INFORMATION

I hereby authorize and direct any person, firm, officer, corporation, association, organization, or institution to release to the Kentucky Division of Plumbing, any files, documents, records, or other information pertaining to the named individual or organization requested by the Board or any of their authorized representatives, in connection with processing this application for approval of an organization to provide continuing education courses.

I hereby release the aforementioned persons, firms, corporations, associations, organizations, and institutions from any liability with regard to such inspection or furnishing of any such information. I further authorize the Kentucky Division of Plumbing to disclose to the aforementioned organizations, persons, and institutions, any information, which is material to this application, and I hereby specifically release the Board or its representative, from any and all liability in connection with such disclosures. **I also agree to periodic monitoring of our programs at the discretion of the Kentucky Division of Plumbing.**

**I also acknowledge and understand that any information provided in this application that is found to be fraudulent, will be used to deny the application or if registration has been issued, revocation or suspension of the registration.**

A photo static copy of this authorization for release of information has the same force and effect as the original.

### AUTHORIZATION

Signature:

Date Signed:

